



10/518297

Rec'd PCT/PTO 24 AUG 2003

Attorney Docket No. 033-0232PUS1

#4

PLEASE NOTE:  
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BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

Therapeutic compositions for use in prophylaxis or treatment of diarrheas

Fill in Appropriate

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information -  
For Use Without  
Specification  
Attached:

The specification was filed on \_\_\_\_\_ as  
United States Application Number \_\_\_\_\_;  
and amended on \_\_\_\_\_ (if applicable) and/or  
the specification was filed on 30 June 2003 as PCT  
International Application Number PCT/FI2003/000528; and was  
amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority  
Information:  
(if appropriate)

20021275  
(Number)

Finland  
(Country)

06/28/2002  
(Month/Day/Year Filed)

☒ Yes ☐ No

20030564  
(Number)

Finland  
(Country)

04/14/2003  
(Month/Day/Year Filed)

☒ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested  
Information:  
(if appropriate)

Country

Application Number

Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

10/518297

Rec'd PCT/PTO 24 AUG 2005  
 Attorney Docket No. 0933-0232PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**  
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:  
 YOU MUST  
 COMPLETE  
 THE  
 FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:  
 Insert Name of Inventor  
 Insert Date This Document is Signed

Insert Residence  
 Insert Citizenship

Insert Post Office Address

Full Name of Second Inventor, if any:  
 see above

Full Name of Third Inventor, if any:  
 see above

Full Name of Fourth Inventor, if any:  
 see above

Full Name of Fifth Inventor, if any:  
 see above

Full Name of Sixth Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME <u>ÅNGSTRÖM, Jonas</u>		INVENTOR'S SIGNATURE <u>Jonas Ångström</u>	DATE* <u>07-02-2005</u>
Residence (City, State & Country) <u>Göteborg, Sweden</u>		CITIZENSHIP <u>Swedish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>de Geersgatan 12, S-416 57 Göteborg, Sweden</u>			
GIVEN NAME/FAMILY NAME <u>TENEBERG, Susann</u>		INVENTOR'S SIGNATURE <u>Susann Teneberg</u>	DATE* <u>07.02.2005</u>
Residence (City, State & Country) <u>Hindås, Sweden</u>		CITIZENSHIP <u>Swedish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Postbox 1639, S-430 63 Hindås, Sweden</u>			
GIVEN NAME/FAMILY NAME <u>SAARINEN, Juhani</u>		INVENTOR'S SIGNATURE <u>Juhani Saarinen</u>	DATE* <u>26.01.2005</u>
Residence (City, State & Country) <u>Helsinki, Finland</u>		CITIZENSHIP <u>Finnish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Eljaksentie 3, FI-00370 Helsinki, Finland</u>			
GIVEN NAME/FAMILY NAME <u>SATOMAA, Tero</u>		INVENTOR'S SIGNATURE <u>Tero Satomaa</u>	DATE* <u>26.01.2005</u>
Residence (City, State & Country) <u>Helsinki, Finland</u>		CITIZENSHIP <u>Finnish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Raatie 10 K, FI-00700 Helsinki, Finland</u>			
GIVEN NAME/FAMILY NAME <u>ROCHE, Niamh</u>		INVENTOR'S SIGNATURE <u>Niamh Roche</u>	DATE*
Residence (City, State & Country) <u>Västra Frölunda, Sweden</u>		CITIZENSHIP <u>Swedish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Grevegårdsvägen 146/772, S-421 61 Västra Frölunda, Sweden</u>			
GIVEN NAME/FAMILY NAME <u>NATUNEN, Jari</u>		INVENTOR'S SIGNATURE <u>Jari Natunen</u>	DATE* <u>25.1.2005</u>
Residence (City, State & Country) <u>Vantaa, Finland</u>		CITIZENSHIP <u>Finnish</u>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Oolannintie 10 E 18, FI-01520 Vantaa, Finland</u>			

\*DATE OF SIGNATURE

19518297

Attorney Docket No.

24 AUG 2005 0232 PUS1

Full Name of Seventh  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina		INVENTOR'S SIGNATURE <i>Halina Podraza</i>	DATE* 07-02-2005
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Lantmilsgatan 20, S-421 37 Västra Frölunda, Sweden			

Full Name of Eighth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME KARLSSON, Karl-Anders		INVENTOR'S SIGNATURE <i>Karl Karlsson</i>	DATE* 1.2.2005
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Nilssonsberg 35, S-411 43 Göteborg, Sweden			

Full Name of Ninth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME ABUL-MILH, Maan		INVENTOR'S SIGNATURE <i>Maan Abul-Milh</i>	DATE* 050202
Residence (City, State & Country) Angered, Sweden		CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Kryddpeppargatan 75, S-424 53 Angered, Sweden			

Full Name of Tenth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

Full Name of Eleventh  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

Full Name of Twelfth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

Full Name of Thirteenth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

10/51829  
Rec'd PCT/PTO 24 AUG 2005Attorney Docket No. \_\_\_\_\_  
0933-0232PUS1

## BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:  
YOU MUST  
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FOLLOWINGCOMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: Therapeutic compositions for use in prophylaxis or treatment of diarrheas

Fill in Appropriate: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information - The specification was filed on \_\_\_\_\_ as  
For Use Without United States Application Number \_\_\_\_\_  
Specification and amended on \_\_\_\_\_ (if applicable) and/or  
Attached: the specification was filed on 30 June 2003 as PCT  
International Application Number PCT/FI2003/000528; and was  
amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information: (if appropriate)	Prior Foreign Application(s)	Priority Claimed
20021275 (Number)	Finland (Country)	06/28/2002 (Month/Day/Year Filed)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20030564 (Number)	Finland (Country)	04/14/2003 (Month/Day/Year Filed)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

10/578297  
 Attorney Docket No. 24 8033-2005  
 24 8033-2005 2 PUS 1

Rec'd PCT/PTO

Full Name of Seventh  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina	INVENTOR'S SIGNATURE → K	DATE* 5
Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Lantmilsgatan 20, S-421 37 Västra Frölunda, Sweden		

Full Name of Eighth  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME KARLSSON, Karl-Anders	INVENTOR'S SIGNATURE K. A. Karlsson	DATE* 7.5.2005
Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Nilssonsberg 35, S-411 43 Göteborg, Sweden		

Full Name of Ninth  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME ABUL-MILH, Maan	INVENTOR'S SIGNATURE → X	DATE* 5
Residence (City, State & Country) Angered, Sweden		CITIZENSHIP Swedish
MAILING ADDRESS (Complete Street Address including City, State & Country) Kryddpeppargatan 75, S-424 53 Angered, Sweden		

Full Name of Tenth  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Eleventh  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth  
 Inventor, if any:  
 see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

10/5/8297  
Rec'd PCT/UT 24 AUG 2005

Attorney Docket No. 0933-0232 PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE:  
YOU MUST  
COMPLETE  
THE  
FOLLOWING:  
↓

Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →

Insert Post Office  
Address →

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

<b>GIVEN NAME/FAMILY NAME</b> ÅNGSTRÖM, Jonas	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 5
<b>Residence (City, State &amp; Country)</b> Göteborg, Sweden		<b>CITIZENSHIP</b> Swedish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> de Geersgatan 12, S-416 57 Göteborg, Sweden		
<b>GIVEN NAME/FAMILY NAME</b> TENEBERG, Susann	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 5
<b>Residence (City, State &amp; Country)</b> Hindås, Sweden		<b>CITIZENSHIP</b> Swedish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Postbox 1639, S-430 63 Hindås, Sweden		
<b>GIVEN NAME/FAMILY NAME</b> SAARINEN, Juhani	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 26.01.2005
<b>Residence (City, State &amp; Country)</b> Helsinki, Finland		<b>CITIZENSHIP</b> Finnish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Eljaksentie 3, FI-00370 Helsinki, Finland		
<b>GIVEN NAME/FAMILY NAME</b> SATOMAA, Tero	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 26.01.2005
<b>Residence (City, State &amp; Country)</b> Helsinki, Finland		<b>CITIZENSHIP</b> Finnish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Raetie 10 K, FI-00700 Helsinki, Finland		
<b>GIVEN NAME/FAMILY NAME</b> ROCHE, Niamh	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 050202
<b>Residence (City, State &amp; Country)</b> Västra Frölunda, Sweden		<b>CITIZENSHIP</b> Swedish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Grevegårdsvägen 146/772, S-421 61 Västra Frölunda, Sweden		
<b>GIVEN NAME/FAMILY NAME</b> NATUNEN, Jari	<b>INVENTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>DATE*</b> 25.1.2005
<b>Residence (City, State &amp; Country)</b> Vantaa, Finland		<b>CITIZENSHIP</b> Finnish
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Oolannintie 10 E 18, FI-01520 Vantaa, Finland		